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URBAN DISTRICT COUNCIL

REPORT

for the Year 1949

of the Medical Officer of Health
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D.M., D.P.H., Barrister - at - Law,
Surgeon Commander R.N.V.R.(ret)

TO THE CHAIRMAN AND MEMBERS

OF THE

GUISBOROUGH URBAN DISTRICT COUNCIL

Gentlemen,

I beg to submit my Annual Report for the year 1949, the contents and arrangement of which are in accordance with the Ministry of Health Circular 2/50.

The two primary purposes of the Annual Report are to provide the Ministry of Health with certain information required by the Minister and to give the Local Authority a review of the work done in the year. The information supplied is in the form of statistics interspersed with comments and at times recommendations. Unless a person happens to be statistically minded statistics are at best a dull subject and the general reader is apt to skim the contents. A third purpose of the Annual Health Report should be to present the health activities of the Local Authority in such a way that the public becomes interested in the prevention of disease and the maintenance of personal health. Medical science has progressed to the stage where it can offer to the public valuable advice on certain matters of personal health. For instance, the early treatment of cancer of the breast and of the womb is now most successful, so a woman should know why and when to consult her doctor ; immunization against diphtheria reduces the likelihood of catching diphtheria and practically abolishes the risk of dying of it ; the vitamin preparations are necessary additions to the food of infants and toddlers so that they may grow up healthy children. I quote these three proved procedures as examples of what medical science can tell the public with full assurance.

I now come to the question of how to put the information across to the public, a matter beset with difficulties. Exhortations whether by means of the written word, as in leaflets and posters and films, or by means of the spoken word, as in lectures, are, I am convinced, of little use as isolated events except to deal with an emergency such as an outbreak of infectious disease where the emotion of fear in the individual gives rise to a state in which interest develops. In fact, interest in a subject does not arise spontaneously just because the organiser, or the speaker, or the writer happens to be interested himself and so thinks other people should be interested ; nor does interest arise because a logical approach is made to people, notwithstanding that we all think it does, as is shown by the fact that we invariably take infinite pains to present a subject in a logical form. Actually an individual becomes interested in a subject only if he believes that he will thereby gain something which at the time he considers of benefit to himself. For instance, the man with a severe bellyache becomes interested in his health because he wants to be rid of his ache; the same man free from aches or pains or uncomfortable symptoms usually feels that he is not going to get any particular benefit by concerning himself about the state of his health with which he sees no reason to be dissatisfied.

I have dealt briefly and inadequately with the matter of interest; there are two other means by which a knowledge of health may be imparted—by impressing and by persuading others. Certainly by impressing his listeners with his supposed knowledge, power, beneficence or other attribute the speaker will influence them; the effects created by impression, however, soon diminish; the greater the impression made the greater the subsequent feeling of flop that develops. The methods of the various Fifth Columns in recent years are examples of how persuasion can be used with effect in convincing others.

Now the personal approach and the group approach, particularly the group discussion, are the most effective means of educating the public in personal health, because they provide the opportunity of employing all the three available methods of health education. The personal approach can be used by the health visitor and the sanitary inspector in the home. I consider the health visitor and the sanitary inspector to be key-workers in health education for they are in daily contact in the homes of the people with the people. The personal approach can also be used by the doctor and health visitor in such group assemblies as Infant Welfare Centres and school medical inspections. At the Infant Welfare Centres the group approach is a potent means of education, provided the correct psychological environment has been created. The newly attending mother perceives that there is a group in the Centre—a group that insists on the performance of certain health rituals; she becomes desirous of being accepted within the group, so she conforms to the patterns of health behaviour laid down. An organized extension of the group approach is the group discussion, where a small group up to a dozen in number meets for half an hour or so and discusses some subject of health importance under the unobtrusive guidance of the educator. The group discussion is a most valuable method but needs time, and needless to say, considerable experience and skill on the part of him or her who guides such discussion.

Certain requisites are necessary in anyone who would effectively practise either the personal or the group approach. Firstly he or she must have strongly developed the preventive outlook on health. That attitude is particularly necessary to-day because recent developments in the health services have given the appearance of suggesting with powerful affect that the treatment of established diseases rather than their prevention is the primary aim of medical science. Secondly some knowledge of educational psychology and of simple modern educational methods are necessary.

I can visualise such an important procedure as the group discussion being profitably carried out in other places than Infant Welfare Centres, for instance, among such groups as food handlers, steelworkers, miners, etc. I do not decry the lecture or the leaflet when once interest has arisen. Further instruction by lectures, leaflets, periodicals, or books is most useful but interest must first arise among the persons to be taught.

I have written at some length on health education because I feel that health education not restricted to exhortations by means of leaflets, posters or the occasional lecture, but organised on wider lines, is one of the most important weapons in the armoury of preventive medicine.

The death-rate continues to give warning that the population is an ageing one ; the number of over-sixties is increasing and is forming an ever greater proportion of the nation. The present tendency is to relegate these persons to retirement where they rust useless alike to themselves and to the country; there, when all is said and done, they have to be maintained by the efforts of the other relatively diminishing age groups. This may have been reasonable in the nineteenth century when few of the over-sixties could expect to survive more than a few years so that the over-sixties were numerically unimportant. To-day the span of life has been prolonged with corresponding delay in the onset of senescence. Is it still the right policy that retirement should be expected at the age of sixty-five ? A certain proportion of the over sixty-fives will be found medically unfit for further employment ; some will not desire it. But, a goodly proportion are both fit and willing to prolong their working life, perhaps in some cases at a diminished tempo. Is it not worthwhile that such persons continue to be usefully employed ?

I wish to stress that tuberculosis is an infectious disease ; at the present time it is the most crippling and killing of all the infections in Britain. While the total elimination of the human type of infection is probably unattainable under present conditions, a great reduction in its incidence is practicable. The treatment of tuberculosis under the Health Service is handled by the Regional Hospital Board ; the social measures have devolved on the Local Health Authority ; the Local Sanitary Authority remains responsible for general hygiene, housing, the abatement of overcrowding and the epidemiological aspects of its control. Of all the conditions that are to a certain extent remediable to-day the abatement of overcrowding and, where necessary, the rehousing of the infectious tuberculous person are of an importance second to none. Of equal importance is the early diagnosis of the disease and here mass radiography plays a vital role. The Mass Radiography Unit was located at Guisborough during the month of May so that its services were readily accessible to the inhabitants of the District. Another essential activity is intensive preventive work in the patients' homes, since the education of the public in the ways and means of preventing tuberculosis is another vital factor. The public must realize that tuberculosis is preventable. To provide conditions in which interest in its prevention arises is the duty of the health educator, the means of prevention are there if the public will use them. The public must understand that although tuberculosis is infectious the tuberculous person need not spread the disease if he take proper care. I do not want by an emotional appeal to arouse a transient enthusiasm, but I feel that the spirit of confidence in and enthusiasm for the prevention of tuberculosis which existed among us in the earlier decades of the century could be usefully reawakened. Have we in this matter a feeling of frustration, of laissez-faire ?

It is pleasant to relate how relatively well the Water Undertaking of the Guisborough Urban District Council has withstood the difficult conditions consequent upon two dry years and how improved both in quality and quantity is the supply since your Council acquired it. Nevertheless I make the bald statement with neither amplification nor explanation here that more water is necessary, for the reasons appear on page 15. Since the delivery of the additional supply from the Wiley Cat Beck depends on one pump and engine, I regard this source as an unreliable one.

In conclusion I wish to thank the Chairman and members of the Public Health Committee for their support throughout the year ; Mr. G. W. Beel, the Clerk of the Council, for his continuing ever-ready co-operation ; and Mr. J. A. Thompson, the Sanitary Inspector, and Mr. E. Ward, the Additional Sanitary Inspector, for their willing help on all occasions. As you are aware, my administrative work is done from the Guisborough Area Health Office of the North Riding County Council ; it would be ungrateful not to mention the two Clerical Officers, Miss M. Imeson and Miss J. Waite, for their loyal assistance without which my labours would indeed have been heavy.

I am, Gentlemen,
Your obedient servant,
W. H. BUTCHER,
Medical Officer of Health.

BROTTON,
1st May, 1950.

TABLE 1

Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health also District Medical Officer No. 4 Area N.R.C.C.	Dr. W. H. Butcher		
Sanitary Inspectors	Mr. J. A. Thompson*	Mr. R. Barry (retired 9/6/49)	Mr. E. Hollis*
Additional Sanitary Inspectors	Mr. E. Ward	Mr. J. Pattison appointed Sanitary Inspector 9/6/49)	

*Also Surveyor of the District concerned

SECTION I

Statistics and Social Conditions of the Area

Population

The Registrar General's estimate of the population of the District in the mid-year 1949 is 8,700 as compared to an estimate of population in the mid-year 1948 of 8,390.

General Statistics

I am indebted to the Financial Officer of the Council for the following figures :—

Area of the District in acres	18,921
Number of inhabited houses according to the rate books	2,390
Rateable Value	£38,292
Sum represented by a penny rate	£140

Social Conditions

The District consists of the historic country town of Guisborough, nestling beneath the bold escarpment of the Cleveland Hills, with the ruins of its ancient priory, and the villages or hamlets of Newton-under-Roseberry, Pinchinthorpe, Hutton, Upleatham, Dunsdale, Yearby, Wilton, Lazenby and Lackenby. These are situated amidst agricultural valleys and wooded hills, while northwards in the low-lying pastures towards the Tees there is situated the growing development of Imperial Chemical Industries Ltd. To the south Roseberry Topping, that perky little eminence, as it has been described, is a landmark rising to the height of 1,057 feet and visible for many miles. In addition to Imperial Chemical Industries already mentioned there are in the town itself a busy foundry and a shirt factory, the latter employing largely female labour. There was full employment among the inhabitants throughout the year, an important factor in maintaining health, both physical and mental.

TABLE 2

Vital Statistics

	Male	Female	Total
Live Births	71	73	144
Legitimate	69	71	140
Illegitimate	2	2	4
Still Births	2	1	3
Legitimate	2	1	3
Illegitimate	—	—	—

Deaths of Infants under 1 year of age

	Male	Female
Total	2	1
Legitimate	2	1
Illegitimate	—	—

The number of births registered being 144 gives a birth-rate of 16.4 per 1,000 of the population, compared to 16.7 of England and Wales. Three infants under the age of one year died giving an infant mortality rate of 20 per thousand births compared to the rate for England and Wales of some 32.

TABLE 3

Analysis of Infantile Mortality

Cause of Death	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total deaths under 1 year
Convulsions	—	—	—	—	—	—	—	—	—	—
Heart failure Prematurity	—	—	—	—	—	—	—	—	—	—
Prematurity	2	—	—	—	2	—	—	—	—	2
Gastro Enteritis	—	—	—	—	—	—	—	—	—	—
Influenza	—	1	—	—	1	—	—	—	—	1
TOTALS	2	—	—	—	3	—	—	—	—	3

TABLE 4

Vital Statistics

CAUSES OF DEATH

	MALE	FEMALE
Typhoid and Para-Typhoid Fever	—	—
Cerebro-spinal fever	—	—
Scarlet Fever	—	—
Whooping Cough	—	—
Diphtheria	—	—
Tuberculosis of Resp. Sys.	1	2
Other Forms of Tuberculosis	—	—
Syphilitic Diseases	—	—
Influenza	—	3
Measles	—	—
Ac. Poliomyl. & Enceph.	—	—
Ac. inf. Enceph.	—	—
Cancer of mouth & gullet (M)	—	—
uterus (F)	—	2
Cancer of Stomach & Duodenum	—	1
Cancer of Breast	—	—
Cancer of all other sites	8	1
Diabetes	1	—
Intracranial Vascular Lesions	3	5
Heart Diseases	18	18
Other Diseases of Circ. System	3	1
Bronchitis	6	1
Pneumonia	3	1
Other Resp. Dis.	1	1
Ulcer of Stomach or Duodenum	—	—
Diarrhoea under 2 years	—	—
Appendicitis	—	—
Other Digestive Diseases	2	—
Nephritis	3	—
Puerp. and Post. Abort. Sepsis.	—	—
Other Maternal Causes	—	—
Premature Births	1	—
Congen. Malform., Birth Injuries and Infantile Diseases	—	—
Suicide	1	—
Road Traffic Accidents	1	—
Other Violent Causes	2	2
All Other Causes	5	2
ALL CAUSES	58	40

The deaths of residents were 98 giving a death-rate of 11 per one thousand population, as compared with one of 11.7 for England and Wales.

TABLE 5

NOTIFIABLE DISEASES, 1949

(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—
Scarlet Fever	4	—	—	—	—	1	3	—	—	—	—	—	—
Diphtheria	1	—	—	1	—	—	—	—	—	—	—	—	—
Pneumonia	2	—	—	—	—	—	—	—	—	—	—	1	1
Erysipelas	2	—	—	—	—	—	—	—	—	—	—	1	1
Measles	83	1	4	17	11	13	35	1	1	—	—	—	—
Whooping Cough	6	1	—	1	1	—	3	—	—	—	—	—	—

SECTION II

Infectious Diseases

Table 5 shows the incidence of notifiable infectious diseases except tuberculosis.

Diphtheria

One case was notified. Immunization was available to children either at the surgeries of the family doctors, at the Northgate School Clinic of the North Riding Education Committee or at the Infant Welfare Centre of the Local Health Authority in the Southside Methodist Church Schoolroom. In addition, reinforcing doses were given at the schools to children who had been immunized earlier in life, either by the family doctor or, in one instance, by myself. The figures contained in Table 6 below are disappointing compared to those of 1948. It is the steady drip drip that wears away the stone not the occasional cloudburst ; and this is particularly apt in preventive medicine.

TABLE 6

Immunization against Diphtheria

Age Groups	
0 to 4 years	68
5 to 14 years	18
Reinforcing Doses	136

Smallpox

Six immunizations were performed during the year by the family doctors. This important preventive measure appears almost disregarded.

I quote the words of the Chief Medical Officer of Health to the Ministry of Health, Sir Wilson Jameson :—

> " In maintaining an adequate state of immunity against smallpox in the population . . . it is hoped that family doctors will do their utmost to correct this serious gap in our defence against this pestilentious disease " ;

and I would add, to maintain an adequate state of immunity against diphtheria as well.

Tuberculosis

One new case of respiratory tuberculosis was notified during the year in a male aged 22 years and 2 cases of non-respiratory tuberculosis in a male aged 3½ years and a female aged 11 years.

The Mass Radiography Unit 1C, of the Newcastle-upon-Tyne Regional Hospital Board, spent ten days at the Southside Methodist Church Schoolrooms, Westgate, Guisborough. I give details of the work done in Table 7 below.

TABLE 7

Mass Miniature Radiography Survey : Statistical Report

Guisborough District

Total radiographed	1060
Total passed on miniature film	989
Total recalled for large film	71
Total failed to attend for large film	2
Total passed on large film	29
Total diagnosed on large film	30
Total recalled for investigation	10

ANALYSIS OF NON-TUBERCULOUS CASES

Silicosis	10
Bronchiectasis	—
Thoarcic neoplasm	—
Cardiovascular diseases—congenital	—
Cardiovascular diseases—acquired	1
Miscellaneous	14
TOTAL	25

ANALYSIS OF TUBERCULOUS CASES

Category " A "—previously diagnosed	2
Category " B "—newly discovered	10
TOTAL	12

Category " C "—active disease	2
Category " D "—inactive disease	10
Cases still under observation	3
School leavers recalled for large film	4

According to these figures the number of cases of active pulmonary tuberculosis was 1.9 per thousand. At the end of the year no cases were still under observation.

TABLE 8

Bacteriological Results of the Treated Water of the Guisborough Urban District Council

Date 1949	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive Coliform reaction from 100 ml.	Bact. Coli Type 1 in 100 ml.
1. 18th January	0	absent	absent
2. 18th February	less than 10	absent	absent
3. 22nd February	less than 10	absent	absent
4. 24th March	less than 10	absent	absent
5. 19th April	less than 10	absent	absent
6. 23rd May	0	absent	absent
7. 15th June	less than 10	absent	absent
8. 28th June	20	absent	absent
9. 22nd July	0	absent	absent
10. 26th July	less than 10	absent	absent
11. 30th July	not recorded	present	present
12. 30th August	5000	absent	absent
13. 21st September	20	absent	absent
14. 22nd September	1	present	present absent from 50 ml.
15. 24th October	2	absent	absent
16. 22nd November	60	absent	absent

TABLE 9

Chemical Results in Parts per Million of the Treated Waters of the Guisborough Urban District Council

No. of Sample	3	6	9	12	13	15
Date of sample	Feb. 22	May 23	July 22	Aug. 30	Sept. 21	Oct. 24
Turbidity parts per million silica scale	less than 5	less than 10	Nil	7	14	less than 5
Reaction pH	8.5	7.8	8.2	8.2	7.3	8.2
Total solids dried at 180° C.	110	145	175	150	150	190
Free carbonic dioxide	Absent	3	Absent	Trace	5	Absent
Chlorine in chlorides	19	20	19	19	18	19
Alkalinity as calcium carbonate	25	37	90	55	65	105
Hardness: total	40	50	60	70	85	90
temporary	25	37	60	55	65	90
Nitrogen in nitrates	1.0	0.0	0.0	0.0	0.0	0.0
Nitrogen in nitrites	less than 0.01	absent	less than 0.01	less than 0.01	less than 0.01	less than 0.01
Free ammonia	0.026	0.000	0.000	0.000		0.000
Albuminoid ammonia	0.032	0.032	0.000	0.036	0.064	0.010
Oxygen absorbed in 4 hours at 27° C.	0.50	0.60	0.04	0.90	1.8	0.40
Metals: Iron	absent (Lead 0.09)	0.08	0.08	0.37	1.16	0.17
Manganese	absent	0.05	less than 0.03	0.04	0.05	0.03
Other metals	absent	absent	absent	absent	absent	absent
Residual chlorine	0.15	absent	absent	absent	absent	absent

TABLE 10

Water Supply to Newton-under-Roseberry
Bacteriological Results

No.	Date 1949	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	26th July	20	present	present
2	30th July	13	present	present
3	17th August	16	present	present in 50 ml. absent from 10 ml.
4	19th October	570	present	present in 10 ml. absent from 1 ml.
5	12th December—			
	from No. 1 spring	140	present	absent
	from No. 2 spring	5	present	present absent from 50 ml.

TABLE 11

Water Supply to Newton-under-Roseberry
Chemical Results in parts per million

4. Colour	Nil	Turbidity (silica scale)	less than 5
Reaction pH	7.6	Odour	Nil
Electric conductivity at 20° C.	460	Free carbon dioxide	4
Chlorine in chlorides	23	Total solids dried at 180° C.	310
Hardness : total 210	Carbonate (temporary) 100	Carbonate (permanent)	110
Nitrogen in nitrates	0.0	Alkalinity as calcium carbonate	100
Free ammonia	0.000	Nitrogen in nitrites	Absent
Albuminoid ammonia	0.000	Oxygen absorbed in 4 hrs. at 27° C.	0.0
Metals	Absent	Residual chlorine	Nil

TABLE 12

Bacteriological Results
Cleveland Water Co. Treated Water

No.	Date 1949	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive Coliform Reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	7th March	less than 10	absent	absent
2	26th July	900	present	present
3	30th July	0	absent	absent
4	3rd August	10	absent	absent
5	12th August	less than 10	absent	absent
6	1st September	10	absent	absent
7	8th September	less than 10	present	absent
8	15th September	less than 10	absent	absent
9	22nd September	10	absent	absent
10	29th September	20	absent	absent
11	21st October	less than 10	absent	absent
12	28th October	260	present	present
14	30th November	uncountable	absent	absent
14	19th December	60	present	present

TABLE 13

Sample 1 : Chemical Results in parts per million
Cleveland Water Co.

Sample 1 (7/2/49)

Appearance : opalescent with no visible deposit

(Filtered)		Turbidity (silica scale)	12
Colour (hazen) yellow-brown	17	Odour	Nil
Electric conductivity at 20° C.	165	Free carbon dioxide	5
Chlorine in chlorides	17	Alkalinity as calcium carbonate	40
Hardness : total 65	Carbonate (temporary) 40	Non-carbonate (permanent) 25	
Nitrogen in nitrates	0.0	Nitrogen in nitrites	less than 0.01
Free ammonia	0.092	Oxygen absorbed in 4 hrs. at 27° C.	0.01
Albuminoid ammonia	0.042		
Metals : Iron 0.26	Manganese 0.03	Other metals absent	

TABLE 14

Bacteriological Results of the Raw Waters
Cleveland Water Company

No.		No. of colonies developing on Agar per ml. in 2 days	Probable number of Coliform bacilli per 100 ml.	B. Coli Type 1 from 100 ml.
1	Lockwood Beck Reservoir	50	8	Present
2	Commondale Beck	610	90	Present

SECTION III : Water Supplies

The town of Guisborough, the hamlet of Dunsdale and some adjacent parts are supplied by the Water Undertaking of your Council. The village of Hutton Lowcross is supplied from a private source on the moors ; it is not at present subjected to treatment. Newton-under-Roseberry has a supply of your Council from springs below Roseberry Topping. The northern parts of the District are supplied by the Tees Valley Water Board. The private supplies of the hamlets of Yearby and Upleatham are unsatisfactory ; your Council has been carrying out negotiations with a view to obtaining water from the Cleveland Water Company for these places. The village of Wilton also has a private supply.

The analyses of the Newton-under-Roseberry supply are contained in Tables 10 and 11. Bacteriologically the supply is not entirely satisfactory and it is not treated. In my opinion some surface contamination gets into this supply from the fields ; there are no sources of human pollution at hand.

The analyses of your Guisborough water are contained in Tables 8 and 9. I think these figures are most satisfactory as regards quality ; the position regarding quantity was, however, very different. The water at the Westworth Reservoir was exhausted on the 9th October ; no water was available from the reservoir until the draw-off valves were re-opened on the 16th November ; the supply throughout the District had become normal on the 17th November. During that period supplies were available only to the low-lying parts of the town of Guisborough through most of the day ; pressure increased during the night when the main draw had ceased so that water reached houses at higher levels and also the first floors for the purpose of filling cisterns, etc. Water had to be taken by vehicles to Dunsdale and the Isolation Hospital ; Dunsdale, Belmangate and Slapewath were periodically supplied at night by shutting off other portions of the area. I received complaints of lack of water from the General Hospital ; eventually the hospital procured a small pump and pumped water from old wells within their curtilage. Old wells were reopened in Church Square, Westgate, Dunsdale and

Belmangate. From their position such wells I regard as polluted or liable to pollution. Since you propose that Yearby and Upleatham be supplied from the Cleveland Water Company I give the analyses of this water in Tables 12, 13 and 14. From the 3rd August the Reservoir of the Cleveland Water Company at Lockwood Beck was for the purpose of supply empty. With the shrinking of the water in the reservoir the supply for some time previous had been in a relatively increasing amount derived from the Sleddale Beck, the intake being situated at Commondale. This beck water is bacteriologically of a different quality from the water derived directly off the moors—the normal supply of Lockwood Beck reservoir. Table 14 gives a comparison of the bacterial qualities of the two raw waters. In addition there were some technical difficulties in the treatment of the water because of the emptiness of the reservoir and other factors. After consultation with myself the Cleveland Water Company published notices in the Press advising the boiling of the water from their mains. At the end of the year these notices had not been withdrawn. The supply from the Cleveland Water Company was insufficient in the higher parts of their area of supply for appreciable periods during the summer and autumn. In Appendix B I give the figures of rainfall for which I am indebted to your Water Engineer, Mr. J. A. Thompson.

Some 2,109 houses are supplied from public water mains directly to the houses themselves and 43 by standpipes. The remaining 238 get water from various private sources.

SECTION IV : Inspection and Supervision of Food

On the 1st December I presented my report on " Clean Food ". It was resolved to adopt Byelaws based on the model issued to Local Authorities by the Ministry of Food regarding handling, wrapping and delivery of food and sale of food in the open air. My report on this subject will be found in Appendix A.

Food Poisoning Outbreaks

No outbreaks of food poisoning were reported to me during the year.

Bakehouses

There are 6 in the district ; 48 inspections of these were carried out.

Icecream

Two premises are on the register for the manufacture of icecream. They are regularly inspected. In addition there are 11 premises where pre-packed icecream is sold. These are regularly inspected.

Meat Inspection

There are 6 private slaughterhouses licensed by the Local Sanitary Authority. They were inspected on 12 occasions. The number of voluntary surrenders of unsound food was 32, involving a total weight of 1,318 lbs.

Milk Supply

There are 51 cow keepers registered in the district with some 400 cows and 51 cowsheds ; 26 of these cowsheds were inspected in the year, involving a total of 35 inspections. There are 48 wholesale traders and 3 retail milk sellers in the district.

Food Retail Premises and Meat Distribution Centre

Eighty-eight inspections were made of these during the year.

SECTION V : Housing

I am indebted to your Sanitary Inspector, Mr. J. A. Thompson, for the figures produced in Table 15 below.

TABLE 15

Housing Statistics

Number of new houses completed in 1949	
(*a*) Council Houses	56
(*b*) Other houses	4
Inspection of dwelling houses during the year	
1. (*a*) Total number of dwelling houses inspected for housing defects (under Public Health Acts)	275
(*b*) Total number of inspections made for the purpose	435
2. (*a*) Number of dwelling houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidation Regulations, 1932	28
(*b*) Number of inspections for the purposes	56
3. Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	271
Remedy of defects during the year without service of formal notices	
1. Number of defective dwellings rendered fit in consequence of informal action by the Local Authority or their officers	253
2. Number of dwelling houses where work is in progress but not yet completed	3
3. Number of notices in course of preparation (not yet served)	Nil
4. Number of notices outstanding	5
Action under Statutory Powers during the year	
A. Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936	Nil
B. Proceedings under Public Health Acts	
1. Number of dwelling houses in respect of which notices were served requiring repairs to be remedied	11
2. Number of dwelling houses in respect of which defects were remedied after service of formal notices.	
(*a*) By owners	5
(*b*) By Local Authority in default	Nil

Table 15—Housing Statistics—*continued.*

C.	Proceedings under Section 11 and 13 of the Housing Act, 1936.	
1.	Number of dwellings in respect of which demolition orders were made	4
2.	Number of dwellings demolished in pursuance of demolition orders	Nil
D.	Proceedings under Section 12, Housing Act, 1936	Nil

Housing Act, 1935 (Overcrowding)

Considerable overcrowding exists, but no recent or accurate figures are available.

SECTION VI

Sanitary Circumstances of the District

I give below a table of some of the sanitary work done during the year by your Sanitary Inspector, Mr. J. A. Thompson, and also some further details which he has supplied.

TABLE 16

Nuisance Inspections

Total No. of Inspections made for nuisances only 267

Nuisances found	267	Total needing abatement	273
Nuisances in hand, at end of previous year	6	Abated during year	269
		Outstanding at end of year	4

Notices served, informal	263	Complied with	263
Notices served, statutory	Nil	Complied with	Nil
Total Number of summonses or other legal proceedings			Nil

Drainage and Sewerage

The normal extension of the sewerage system has taken place in connection with the Housing Site developments in Guisborough.

No progress has been made in connection with the sewerage and sewage disposal of that portion of the district adjacent to the growing developments of Imperial Chemical Industries Ltd. A scheme, however, has been prepared by the Council's consulting engineers. This is a matter that should be undertaken with the least delay.

Closet Accommodation

19 pan closets were converted to water closets.

119 new water closets were provided for new buildings.

110 new sanitary pans were provided and 77 new dustbins.

457 tests and inspections were made of defective or new drainage systems.

There are 1,919 water closets and 613 pan closets. The Council pay a grant of £4 towards conversion.

Scavenging

There has been no change in the system of public cleansing. The refuse tip is maintained in a satisfactory manner; the land reclaimed by tipping is returned to agriculture.

The annual cost of collection and disposal of refuse is estimated at £2,578.

Common Lodging Houses

There is one in the district. It was inspected on 12 occasions. Its general condition is satisfactory.

Smoke Abatement

This matter is kept under observation. I am firmly of the opinion that the emission of unburnt carbon into the atmosphere is due either to inefficient plant or stoking, or both.

Tents, Vans and Sheds

These come into the district during the summer and are subject to regular inspection.

Rat Disinfestation Order, 1943

The sewers were subject to 2 treatments and refuse tip to the same number.

Shops Act, 1934, Sections 10 and 13

40 visits were paid under the above Act. Unsatisfactory conditions were found in one instance which was remedied.

Squatters' Camp, Dunsdale

Of the original twenty-two families occupying this disused army camp eleven families have left the camp and the huts they occupied have been demolished.

Rehousing

372 visits were paid in connection with applications for Council houses.

Byelaws in force in the District

Byelaws in respect of cleansing of footpaths and pavements; nuisances; common lodging houses; and slaughter-houses: 24th July, 1893. Byelaws in respect of new streets and buildings: 27th April, 1925. Building Byelaws: 10th March, 1939.

Byelaws with respect to swimming baths and bathing pools: 18th October, 1946.

Byelaws with respect to Tents, Vans and Sheds: 16th November, 1947

SECTION VII : Factories Act, 1937 and 1948

The following figures have been returned to the Director of Statistics, Ministry of Labour and National Service, regarding factories in the District.

TABLE 17

1. **Inspections** for the purposes of provision as to health (including inspections made by Sanitary Inspector)

Premises	No. on Register	No. of Inspections	No. of written Notices	Occupiers Prosecuted
(I) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	13	49	—	—
(II) Factories not included in (I) in which Section 7 is enforced by Local Authority	28	56	1	—
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL	43	105	1	—

2. **Cases in which defects were found**

	Number of cases in which defects were found			
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector
Sanitary conveniences :				
(*a*) Insufficient	—	—	—	—
(*b*) Unsuitable or defective	1	—	—	1
TOTAL	1	—	—	1

APPENDIX A

Report on Clean Food

It is with diffidence that I write this report because one of the first requirements for Clean Food is a sufficiency of water ; the three urban districts of which I have the honour to be Medical Officer of Health have been periodically short of water since 1919, according to the documents in my office.

Outbreaks of illness due to the eating of food contaminated by bacteria causing food poisoning have become much more numerous during the last few years ; so much so that on the 1st January, 1949, the Registrar General requested Medical Officers of Health to include notified cases of food poisoning in their weekly returns. I took that opportunity to remind all doctors practising in the Districts that cases of food poisoning are notifiable under Section 17 (1) of the Food and Drugs Act, 1938.

The reasons for the recent increase in the number of outbreaks of food poisoning can only be surmised ; one reason alleged is the greater number of people who eat in restaurants or canteens. Whatever the cause it is obvious that much of our food is prepared, handled, delivered or served with a disregard of the rudiments of cleanliness. By what means may the local authorities ensure that Food is Clean ?

Firstly there are the statutory powers and obligations conferred on local authorities under various sections of the Sales of Food and Drugs Act, 1938. Section 15 of the Act empowers local authorities to make bye-laws for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption and in connection with the sale of food or exposure of food for sale in the open air. On October 27th, 1949, the Minister of Food issued to local authorities a model for those bye-laws. The model has been prepared in consultation with local authorities and trade associations.

Some desirable provisions have had to be excluded because of the shortage of materials and equipment and the model may be added to from time to time. The suggested provisions which cover such matters as personal hygiene, cleanliness and good order of equipment, cleanliness of wrapping material and the deposit and removal of refuse have been drafted with a view to their application in both urban and rural areas and to every type of food handling trade. In making bye-laws local authorities are not bound in any way by the form of the model which is intended as a guide to provisions that are reasonable and enforceable having regard to present-day conditions. Nevertheless the Minister points out that local authorities who contemplate making bye-laws may find it convenient to adopt the model since normally confirmation may then be expected rapidly and without alteration. I would stress that such model bye-laws must not be regarded as a panacea that would banish uncleanliness from our food, but as adjuvants that will give the local authority some increase of effective power.

Secondly there are forms of propaganda or education on the part of local authorities in bringing home to the public, food traders or manufacturers and food handlers the importance of clean handling of food. The forms of propaganda or education may be arranged under the following headings :—

(1) Lectures or classes for food traders or their employees.
(2) Exhibitions.
(3) Lectures, etc., for the general public including local women's organisations. (in (1), (2) and (3) the Central Council for Health Education might prove helpful.)
(4) Formation of clean food guilds.
(5) Formulation of local codes of practice.

A local clean food guild might be found to be useful. The guild could be formed under an Advisory Committee comprising the chairman of the Local Authority, district councillors and representatives of the trades concerned. The essence of the scheme is observance by members of codes of practice which have been agreed for the various types of premises. Under the codes the employer undertakes, in addition to conforming with the statutory requirements, to maintain his premises and equipment in a way that facilitates cleanliness, and regarding his employees, to facilitate and encourage their personal cleanliness ; the employees on on their side undertake to maintain a high standard of personal cleanliness both of body and of clothing and to support their employers' efforts to keep a good standard in the premises.

W. H. BUTCHER,
Medical Officer of Health.

APPENDIX B

Rainfall in the District

Period ending	*Inches*	*Period ending*	*Inches*
29th January	0.70	20th August	2.25
26th February	0.83	24th September	1.37
26th March	2.08	22nd October	1.05
30th April	2.43	19th November	2.93
21st May	0.48	31st December	5.0
18th June	1.47		——
23rd July	1.50	TOTAL	23.85

The rainfall for 1948 was 27.31 inches ; the average rainfall for this area is some 33 inches.

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